

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33355

State File No.

FILED OCT 2 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7458

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 8 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood 4511	
d. STREET ADDRESS 8762 White Ave.		1. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1952	
3. NAME OF DECEASED (Type or Print) Also known as GOTTLEB		b. (Middle) George. c. (Last) RIEGERT	
5. SEX Male 0		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH Feb. 18, 1888	
9. AGE (in years last birthday) 64		10. UNDER 1 YEAR Months 6 Days 15 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		10b. KIND OF BUSINESS OR INDUSTRY Ford Motor Co.	
11. BIRTHPLACE (State or foreign country) St. Louis County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Waltz		13b. MOTHER'S MAIDEN NAME Louisa Riegert	
14. NAME OF HUSBAND OR WIFE Wilma Riegert		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 99-09-9776		17. INFORMANT'S SIGNATURE OR NAME Mrs. Wilma Reigert, Brentwood, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Aneurysm - abdominal aorta</i> PERFORATION OF <i>arteriosclerosis</i> <i>abdominal aorta</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 451X		22. I hereby certify that I attended the deceased from 9-5, 1949 to 8-3, 1952, that I last saw the deceased alive on 8-3, 1952, and that death occurred at 7:2 m., from the causes and on the date stated above.	
23a. SIGNATURE Louis H. Bopp M.D.		23b. ADDRESS Brentwood 17 Mo.	
23c. DATE SIGNED 8-4-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 8/6/52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc., Kirkwood, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 4 1952		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc., Kirkwood, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

2512-10-11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Ronald O. Yabuke

Licensed Embalmer No. *3917*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

•If this body is not embalmed, fact should be so stated above.